PTO/SB/17 (10-08)

Approved for use through 06/30/2010. OMB 0651-0032

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Effective on 12/08/2004.		Complete if Known						
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Application Numb	er 10/	10/511,130				
FEE TRANSMITTAL For FY 2009			Filing Date	Oc	October 13, 2004			
			First Named Inver	ntor BE	BERNARD CONNOLLY			
A - ti t - l-i ll tit.	Examiner Name	Hu	Hutson, Richard G					
Applicant claims small entity	Art Unit	16:	1652					
TOTAL AMOUNT OF PAYMENT	(\$) 2,350.00		Attorney Docket N	lo. 06'	067074-0310832			
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify): X Deposit Account Deposit Account Number: 033975 Deposit Account Name: PILLSBURY WINTHROP SHAW PITTMAN LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee X Charge any additional fee(s) or underpayments of fee(s) X Credit any overpayments Charge fee(s) indicated below, except for the filing fee X Credit any overpayments X Credit any overpayments Charge fee(s) X Credit any overpayments Credit card information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
FEE CALCULATION		·						
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEAF			CH FEES	EXAMIN	ATION FEES			
Application Type Fee	Small Entity (\$) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)		
Utility 33		540	270	220	110			
Design 22	0 110	100	50	140	70			
Plant 22	0 110	330	165	170	85	-		
Reissue 33	0 165	540	270	650	325			
Provisional 22	0 110	0	0	0	0	<u></u>		
EXCESS CLAIM FEES Fee Description Each claim over 20 (include Each independent claim over Multiple dependent claims)	er 3 (including Reissue	es)			Fee (\$) 52 220 390	Small Entity Fee (\$) 26 110 195		

- 3 or HP = HP = highest number of independent claims paid for, if greater than 3.

HP = highest number of total claims paid for, if greater than 20.

Extra Claims

Extra Claims

Total Claims

Indep. Claims

- 20 or HP =

3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof

Fee Paid (\$)

(round up to a whole number) x

4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)

Fee Paid (\$)

Multiple Dependent Claims

Fee (\$)

Other (e.g., late filing surcharge): Petition for Five-Month Extension of Time

Fee (\$)

Fee (\$)

2,350.00

SUBMITTED BY		I/I				
Signature	(/	WO	Registration No. (Attorney/Agent)	56,817	Telephone	213.488.7238
Name (Print/Type)	Carolyn S. Lu	\mathcal{C}			Date j	une 15, 2009

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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MADEMA Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/511,130 **Application Number** FEE TRANSMITTA Filing Date October 13, 2004 For FY 2009 First Named Inventor BERNARD CONNOLLY Examiner Name Hutson, Richard G Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1652 TOTAL AMOUNT OF PAYMENT 2,350.00 Attorney Docket No. 067074-0310832 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): 033975 X Deposit Account Deposit Account Number: Deposit Account Name: PILLSBURY WINTHROP SHAW PITTMAN LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity Small Entity Application Type** Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee_(\$) Fee (\$) Fee (\$) Utility 330 540 165 270 220 110 Design 220 110 100 50 140 70 Plant 220 110 330 170 165 85 Reissue 330 165 540 270 650 325 220 Provisional 110 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee Description Fee (\$) Each claim over 20 (including Reissues) 52 26 Each independent claim over 3 (including Reissues) 220 110 Multiple dependent claims 390 195 **Total Claims** Extra Claims **Multiple Dependent Claims** Fee Paid (\$) - 20 or HP = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. **Extra Claims** Fee (\$) Fee Paid (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Total Sheets Fee (\$) Fee Paid (\$) - 100 = (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Petition for Five-Month Extension of Time 2,350.00

SUBMITTED BY		1				
Signature	(W	Os.	Registration No. (Attorney/Agent)	56,817	Telephone	213.488.7238
Name (Print/Type)	Carolyn S. Lu				Date j	une 15, 2009

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